



PARTY COMMITTEE'S REGISTRATION
Appointment of Campaign Treasurer, Deputy Campaign Treasurer
Form ED-48 Rev. 1/97

GENERAL INSTRUCTIONS

A Party Committee is defined as a Town Committee or State Central Committee. The Chairperson of each committee must designate a campaign treasurer, who must be an elector of this state, to be responsible for receiving contributions, making expenditures and filing itemized sworn statements required by Sec. 9-333j, C.G.S. This Registration form must be signed by the Committee Chairperson and filed with the Secretary of the State, (Campaign Finance, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470) before any contributions are made, solicited or received; and before any expenditure is made. Anytime any information contained on this form changes, the Chairperson must submit a new Form ED-48 completed fully. If you have any questions concerning filing requirements, or if you need additional forms, please call the Campaign Finance Section at (860)509-6101. If you need guidance in the proper reporting of certain contributions or expenditures; or if you have questions pertaining to the interpretation of the campaign finance statutes please call the State Elections Enforcement Commission at (860)566-1776.

1. NAME OF COMMITTEE	
2. CHAIRPERSON (NAME, COMPLETE ADDRESS, ZIP)	
	3. TELEPHONE
4. TREASURER (NAME, COMPLETE ADDRESS, ZIP)	
	5. TELEPHONE
6. DEPUTY TREASURER (NAME, COMPLETE ADDRESS, ZIP)	
	7. TELEPHONE
8. DEPOSITORY INSTITUTION (NAME & ADDRESS, ZIP)	

- 1. NAME OF COMMITTEE:**
Provide the full name of the committee. Acronyms should be placed in parenthesis following the committee's name in full.
- 2. CHAIRPERSON:**
Provide the full name and complete address of the Chairperson of the committee; number, street, town, state and zip code.
- 3. CHAIRPERSON'S PHONE NUMBER:**
Provide the Chairperson's phone number.
- 4. TREASURER:**
Provide the full name and complete address of the Treasurer of the committee; number, street, town, state and zip code.
- 5. TREASURER'S PHONE:**
Provide the Treasurer's phone number.
- 6. DEPUTY TREASURER (OPTIONAL)**
Provide the full name and complete address of the Deputy Treasurer of the committee; number, street, town, state and zip code.
- 7. DEPUTY TREASURER PHONE:**
Provide the Deputy Treasurer's phone number.
- 8. DEPOSITORY INSTITUTION:**
Provide the complete name, address and zip code of the financial institution located in the state for the deposit of contributions into a single checking account.

I, the undersigned, do hereby accept the responsibilities of campaign treasurer of the above named committee. I understand that I may resign at any time by notifying the Chairperson and by filing a letter of resignation with the Secretary of the State.

TREASURER (SIGNATURE)

DATE

I, the undersigned, do hereby accept the responsibilities of deputy campaign treasurer of the above named committee. I understand that I may resign at any time by notifying the Chairperson and by filing a letter of resignation with the Secretary of the State. I understand that I assume the duties as treasurer if the treasurer is unable to perform his duties for any reason.

DEPUTY TREASURER (SIGNATURE)

DATE

I, the undersigned, do hereby certify that I am the Chairperson named above; that I have appointed the persons named above, electors of the State of Connecticut, as Campaign Treasurer and Deputy Campaign Treasurer, if any, and they have accepted such appointments in conformity with the requirements of Chapter 150 of the Connecticut General Statutes.

CHAIRPERSON (SIGNATURE)

DATE

Any person who knowingly and willfully violates any provision of Chapter 150, C.G.S. shall be fined not more than \$5,000 or imprisoned not more than five years or both. (Sec. 9-333y C.G.S.)